

INACTIVE TO ACTIVE STATUS FORM

In order to practice in California, the law requires that you have a current valid license issued by the Board. If you have an **inactive** license and you want to return it to **active** status there are two options available:

(1) if you have not practiced during the time that your license was inactive you are required to complete 12 hours (**4 of the 12 hours must be in adjustive technique**) of Board-approved continuing education (CE) for **every year your license was inactive**;

and/or

(2) if you were practicing in another state during the period that your California license was inactive, provide proof of licensure and CE from that state for each 12-month period or portion thereof the license was inactive in California.

If you have questions regarding this form, contact the Board's office at (916) 263-5355 or visit our website at <http://www.chiro.ca.gov>.

Submit the following items to the Board at the address shown below:

- Copy(ies) of CE certificate(s)
- Verification of your active license from the other state, if applicable
- Check or money order for \$25.00.

State of California
Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931

~Failure to provide all requested documents or information on this form will result in a delay of your license~

Print or Type Clearly:

Name:	DC #:
Current Practice Address:	
License Expiration Date:	Phone #:

Answer the following questions.

1. Law Violations: During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction?

☐

Yes

☐

No

2. Disciplinary Action: Have you had any disciplinary action taken against you by any other state or regulatory agency?

☐

Yes

☐

No

If you answered **"Yes"** to either of the above questions, attach a **DETAILED** explanation to this form.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____
Original Signature Required

Date: _____